



STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
EMPLOYEE LEASING LICENSING
500 JAMES ROBERTSON PARKWAY
4TH FLOOR DAVY CROCKETT TOWER
NASHVILLE TN 37243
(615) 741-1670

RENEWAL APPLICATION

Staff Leasing Licensee

LICENSE NUMBER: _____

EXPIRATION DATE: _____

CHANGE OF ADDRESS:

Licensee Name: _____

Contact Person: _____

Address: _____

City/ST/Zip: _____

Phone: _____

Email: _____

RENEWAL APPLICATION INSTRUCTIONS:

1. On or before the expiration of its license, the licensee shall deliver to the commissioner an application for renewal (this form), and all documentation and fees that are a prerequisite to the renewal. Licenses shall be subject to late renewal for a period of up to six (6) months following their expiration date by provision of all required documentation, and payment of the renewal fee.
2. The application shall be accompanied by the financial information required by T.C.A. § 62-43-108 (except where such information was not required to obtain an initial license). **Documents submitted to establish net worth shall reflect net worth as of a date no more than six (6) months prior to the date on which this application is submitted.**
3. Complete the affidavit accompanying this renewal form as prescribed.

License Type and Renewal Fee (select one):

- ☐ Staff Leasing Company - \$2,000
☐ Staff Leasing Group - \$4,000
☐ Restricted Staff Leasing Company - \$500
☐ Restricted Staff Leasing Group - \$1,000

TOTAL RENEWAL FEE DUE: _____ [DEPOSIT CODE: CI675 – 621/380] [335 02 10600]
(AMOUNT ENCLOSED)

RETURN THIS FORM WITH BOTH PAGES COMPLETED AND ACCOMPANIED WITH PROPER PAYMENT.



STATE DEPARTMENT OF COMMERCE AND INSURANCE
Staff Leasing Licensee

MAKE CHECK PAYABLE TO THE DEPARTMENT OF COMMERCE AND INSURANCE. SEND TO:
DEPARTMENT OF COMMERCE & INSURANCE
STAFF LEASING – FINANCIAL AFFAIRS
500 JAMES ROBERTSON PKWY, 4TH FLOOR
NASHVILLE, TN 37243

TOTAL RENEWAL FEE DUE: _____ [DEPOSIT CODE: CI675 – 621/380] [335 02 10600]
(AMOUNT ENCLOSED)

Staff Leasing Company Renewal Application

Licensee: _____ License#: _____ Expiration Date: _____

Pursuant to Administrative Rule 0780-5-8-.03(2), "An applicant shall disclose any criminal conviction, except for minor traffic and driving under the influence of a controlled substance convictions, on the application form. If an applicant is a corporation, partnership or limited liability corporation, any convictions of any controlling person shall be disclosed on the application." (Attach additional pages if needed):

AFFIDAVIT

Number of employees currently working in the State of Tennessee (check appropriate category):

0 to 100 _____
More than 100 _____

Pursuant to Administrative Rule 0780-5-8-.04, I certify that the licensee is in compliance with all the requirements of T.C.A. §§ 62-43-108, 62-43-109 and 62-43-113 through 62-43-120 and the rules promulgated thereunder.

CONTROLLING PERSON NAME (PRINT)

SIGNATURE

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____ .

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____